



**Fetal Health Surveillance Education Program
FHS INSTRUCTOR CANDIDATE – Letter of Support**

To: _____

I am writing this letter on behalf of _____
Name of sponsoring institution

In support of _____ as request to become a Fetal Health Surveillance (FHS) Instructor.
Name of Instructor candidate

The applicant meets all of the following eligibility requirements:

- Current on FHS literature, evidence and education (please provide proof of successful completion of Fundamentals of FHS and/or FHS Refresher workshops in the last 2 years and/or currently registered for one of these workshops)
- Current licensure as an: RN MD RM
- Current and/or relevant intrapartum experience
- Current educational and/or clinical responsibility within the obstetrical program at the institution above
- Current support from manager to act as a FHS Champion

I am confident that _____ will:
Name of Instructor candidate

- Offer FHS workshops & ongoing initiatives (e.g.: tracing rounds) in my facility /zone as required in accordance with the Canadian FHS Education Program to ensure ongoing capacity building
- Mentor and be a resource in FHS to staff within their facility
- Demonstrate the requisite knowledge, skills and confidence to collaborate with inter-professional team members to facilitate FHS Workshops
- Network with other FHS instructors within our province
- Participate as a member of the national FHS Instructor portal

I am aware that as a FHS Instructor, this candidate must maintain registration with the Canadian FHS Instructor Portal, and will be listed as an active instructor in the Atlantic region.

I am also aware that institutional support may be requested to cover the cost of the instructor workshop and course materials.

I acknowledge that institutional support is integral to the success of FHS programming and education and that our institution is committed to providing support for ongoing FHS activities including resources, equipment, space and/or personnel.

I thereby confirm my support of this FHS Instructor candidate.

Name (print): _____

Signature: _____

Title: _____

Date: _____

Email: _____

Telephone: _____